PART B - FEE(S) TRANSMITTAL

Complete and send this foun, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Pate MAR 1 3 2006

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be

appropriate. All further con- indicated unless corrected b maintenance fee notification	elow or directed otherwise s.	Patent, advance of in Block 1, by (a	rders and not a) specifying	ification of maintenance fees a new correspondence address	will be mailed to the curren s; and/or (b) indicating a ser	t correspondence address as parate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE	E ADDRESS (Note: Use Block 1 for	any change of address)		Fee(s) Transmittal, Tl	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
21171 7590 02/09/2006 STAAS & HALSEY LLP SUITE 700 1201 NEW YORK AVENUE, N.W. WASHINGTON, DC 20005				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
w ASHINGTON, L	C 20003					(Depositor's name)	
						(Signature)	
						(Date)	
APPLICATION NO.	LICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/020,434 TITLE OF INVENTION: IN	12/18/2001 FORMATION PROCESSI	NG APPARATUS		Mukogawa T OPERATION APPARATUS	1602.1006	9562	
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	ИО	\$1400		\$300	\$1700	05/09/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS]		
PEESO, TH	2132		713-182000	_			
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON	THE PATEN	T (print or type)			
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	clow, no assignee of this form is NO	data will app T a substitute	pear on the patent. If an assignment.	nee is identified below, the	document has been filed for	
(A) NAME OF ASSIGNE				ENCE: (CITY and STATE! OK	880/196xe)1E2 00000132	10020434	
FUJITSU LIMITED				ASAKI, JAP <mark>an</mark> FC:1	501 504	1400.00 OP 300.00 OP	
Please check the appropriate	assignee category or catego	ries (will not be pr	inted on the p	oatent): 🔲 Individual 🚨 C	Corporation or other private gr	roup entity Government	
Issue Fee Publication Fee (No small entity discount permitted)				Fee(s): in the amount of the fee(s) is end by credit card. Form PTO-203 ctor is hereby authorized by characteristics.	8 is attached. arge the required fee(s), or cr	edit any overpayment, to	
	(from status indicated above	,	_		,		
	MALL ENTITY status. See			cant is no longer claiming SMA			
NOTE: The Issue Fee and Punterest as shown by the reco	s requested to apply the Issuablication Dee (if required) was rds of the United States Page	ie Fee and Publica vill not be accepted int and Trademark	tion Fee (if and from anyon Office.	ny) or to re-apply any previous e other than the applicant; a reg	ly paid issue fee to the applic sistered attorney or agent; or t	ation identified above. the assignee or other party in	
Authorized Signature	They all	& Jua	٢	Date	3-13-06		
Typed or printed name	RESINALD D.			Registration			
his collection of information application. Confidentiality	n is required by 37 CFR 1.3 by is governed by 35 U.S.C.	11. The information 122 and 37 CFR	n is required 1.14. This co	to obtain or retain a benefit by llection is estimated to take 12	the public which is to file (an minutes to complete, includi	nd by the USPTO to process) ng gathering, preparing, and	

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.